

1277

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 133
Registrar's No. _____

1. Place of Death: (a) County Graham (b) City or Town Duncan (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 1 day; In Arizona 3 yrs 2 mo 22 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Mary Jo Kirby (b) If veteran _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex female 5. Color or Race white 6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 6 1941
(Month) (Day) (Year)

8. AGE: Years 2 Months 22 Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Phoenix Ariz
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Cecil Kirby
13. Birthplace New Wilson Okla.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Martha May Shields
15. Birthplace Tulsa Okla
(City, town or county) (State or Country)

16. (a) Informant's own signature Cecil Kirby
(b) Address Phoenix, Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Duncan (c) Date 6/27 1941

18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address _____

19. (a) 6-27-41
(Date received local Registrar)

(b) Ernie Romney
(Registrar's Signature)
20M 100% Rag 9/2/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 27, 1941
TIME (Hour and minute) 12 noon M.

21. I hereby certify that I attended the deceased from 10 A.M.
June 27, 1941 to 12 noon June 28 1941
that I last saw her alive on June 27, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition & Dehydration

Due to Summer Diarrhea

Due to unhygienic conditions

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Harold L. Felt M.D.
Address Duncan, Ariz Date signed 6/27/41

DURATION
2 months

PHYSICIAN

Underline the cause to which death should be charged statistically.